

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                  |                                    | Application or Docket Number<br><b>10803677</b> |           | Filing Date:<br><b>03/18/2004</b>        |                 | <input type="checkbox"/> To be Mailed |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------------------|-----------|------------------------------------------|-----------------|---------------------------------------|---|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | (Column 2)                         |                                                 |           | SMALL ENTITY <input type="checkbox"/> OR |                 | OTHER THAN SMALL ENTITY               |   |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                     | RATE (\$)                          | FEE (\$)                                        | OR        | RATE (\$)                                | FEE (\$)        |                                       |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |                                                 |           | N/A                                      |                 |                                       |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |                                                 |           | N/A                                      |                 |                                       |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |                                                 |           | N/A                                      |                 |                                       |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                     | minus 20 =                                                                                                                                                                                                                    | *                                | X \$25 =                           |                                                 | OR        | X \$50 =                                 |                 |                                       |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               | minus 3 =                                                                                                                                                                                                                     | *                                | X \$100 =                          |                                                 |           | X \$200 =                                |                 |                                       |   |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | + \$180                            |                                                 |           | + \$360                                  |                 |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  | TOTAL                              |                                                 |           | TOTAL                                    |                 |                                       |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | (Column 2)                         |                                                 |           | SMALL ENTITY OR                          |                 | OTHER THAN SMALL ENTITY               |   |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                          | 100206                                                                                                                                                                                                                        | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                   | RATE (\$) | ADDITIONAL FEE (\$)                      | RATE (\$)       | ADDITIONAL FEE (\$)                   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.18(j))                                                                                                                                                                                                        | * 27                             | Minus                              | ** 27                                           | =         | 0                                        | OR              | X \$50 =                              | 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.18(h))                                                                                                                                                                                                  | * 9                              | Minus                              | ** 9                                            | =         | 0                                        | OR              | X \$200 =                             | 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                  |                                    |                                                 |           |                                          | OR              |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                  |                                    |                                                 |           |                                          | OR              |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  | TOTAL ADD'L FEE                    |                                                 |           | OR                                       | TOTAL ADD'L FEE |                                       |   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | (Column 2)                         |                                                 |           | (Column 3)                               |                 |                                       |   |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                   | RATE (\$) | ADDITIONAL FEE (\$)                      | RATE (\$)       | ADDITIONAL FEE (\$)                   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.18(j))                                                                                                                                                                                                        | *                                | Minus                              | **                                              | =         |                                          | OR              | X \$50 =                              |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.18(h))                                                                                                                                                                                                  | *                                | Minus                              | **                                              | =         |                                          | OR              | X \$200 =                             |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                  |                                    |                                                 |           |                                          | OR              |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                  |                                    |                                                 |           |                                          | OR              |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  | TOTAL ADD'L FEE                    |                                                 |           | OR                                       | TOTAL ADD'L FEE |                                       |   |
| <b>CALCULATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |
| <p>Legal Instrument Examiner:<br/>Rosalind Ball</p>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                  |                                    |                                                 |           |                                          |                 |                                       |   |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.